

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Physical Therapy (P.T.) APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	Protocol #: PA P227.01 Protocol Pages: 2 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Physical Therapy (P.T.).

PROTOCOL:

- A. The Prior Authorization Specialist may approve for Rehabilitative and/or Therapeutic Services.
 - 1. Rehabilitative Services.
 - a) These services are for loss of diminished function of muscle groups due to paralysis from stroke (within the last 6 months), other disease entities, or immobility from recent joint surgery or trauma.
 - b) Modalities includes passive and active exercises, gait training and training for self-exercise.
 - c) No more than six (6) sessions will be authorized for outpatient treatment without approval of Medical Director.
 - 2. Therapeutic Services
 - a) These services are for the treatment of pain or severe discomfort from acute illness or trauma.
 - b) Modalities include hot or cold packs and massage and should be for a maximum of 2 weeks.
 - Initial approval should be for not more that 2 weeks therapy, and a maximum of 3 sessions a week.
 - A further 2 weeks may be approved for rehabilitative services. Documentation of improvement is required for further treatments after this.
 - No more that 2 therapeutic modalities in any one sessions.
 - 3. Post-Op. Gait Training
 - a) One session authorized for ankle, AKA/BKA amputations and femoral neck fractures with ORIF. Six sessions authorized for Total Knees and Hips
- B. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.

- C. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- D. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.